

# **EXHIBIT Y**

State of Ohio

**STATE BOARD OF PHARMACY**

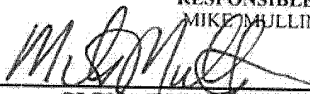
77 South High Street, 17th Floor; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov)  
**Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2017.**

**Identification Number: WCSW.2060**

**WAL-MART PHARMACY WAREHOUSE #6045  
2250 N. 8TH STREET, SUITE 102-A  
ROGERS, AR 72756**

**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

**RESPONSIBLE PERSON:  
MIKE MULLIN OPMGR**



**SIGNATURE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

**CLASS: Controlled Substance Wholesaler  
BUSINESS TYPE: FS - Full Service**

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**(KEEP THIS SECTION FOR FUTURE REFERENCE)**

**General Information**

A **CHANGE** in business name, address, ownership (not officers-see next paragraph for officer changes), or category requires **RE-APPLICATION & FEE**. In the event of an address change, **notify** the Board of Pharmacy **BEFORE** moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]  
For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>, and choose the appropriate application.

*In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated, a criminal records check is required every time there is a change in officers. Contact the board office for the fingerprint cards or you can go to <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck> to request fingerprint cards BIM-12-98 (BCI) and FD-258 (FBI)*

**New Officers:** When adding new officers, submit a written notice to the Board including full name, title, date of birth and last four of social security number for each new officer.

Any change of responsible person must be reported within 30 days, on a "Notification of Change of Responsible Person" form. For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

**Notify** the Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice [Discontinuing Business form is available at the link below] and state license must be mailed (return receipt requested) or hand delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]  
For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

**Notify** the Board of Pharmacy of **any new** facilities, work or storage areas to be constructed or utilized for dangerous drugs, or **any changes** in operation of the registrant **before** being used or implemented. [Rule 4729-9-16, O.A.C.]

All communications will be done through EMAIL- NOT MAILINGS. Please go to the following webpage to provide the email address that you wish to receive these communications: <https://pharmacy.ohio.gov/UpdateEmailAddress.aspx>

In order to enter your email address in the webpage mentioned above, you will need your login information, which is below.

User ID: **3921528**

Password: **783508**

Current Email on File: [mirna.benitez@walmart.com](mailto:mirna.benitez@walmart.com)

If you have problems or concerns, please feel free to contact the Board office utilizing the "CONTACT THE BOARD" selection along the left side of the website. Be sure to select "General Licensing Information" as your subject line.